Mrs Neggin Heidari-Robinson

Pipers Dental Practice

Inspection report

42A Station Road East
Oxted
RH8 0PG
Tel: 01883712486
www.pipersdentalpractice.co.uk

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Overall summary

We carried out this announced focused inspection on 9th December under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we asked the following three questions:

• Is it safe?

• Is it effective?

• Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.

Summary of findings

- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.
- Staff knew how to deal with emergencies. Some medicines and life-saving equipment were unavailable.
- The provider had systems to help them manage risk to patients and staff although improvements were ongoing with systems to enhance their effectiveness.
- The provider had effective leadership and an open culture although improvements were required in some areas of the practice.

Background

Pipers Dental Practice is in Oxted and provides NHS and private dental care and treatment for adults and children.

The practice is accessed via an internal staircase. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes four dentists, one dental nurse and two receptionists. The practice has two treatment rooms, one of which is not currently used.

During the inspection we spoke with two dentists, one dental nurse and one receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday to Friday 8.30am to 5.30pm
- Saturday 8.30am to 12.30pm

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Full details of the regulation the provider was not meeting are at the end of this report.

There were areas where the provider could make improvements. They should:

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.
- Take action to ensure the clinicians carry out patient assessments and ensure they are in compliance with current legislation and take into account relevant nationally recognised evidence-based guidance.
- Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken and the products are stored securely.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**No action** ✓
Are services effective?	**No action** ✓
Are services well-led?	**Requirements notice** ✗

Are services safe?

Our findings

We found this practice was providing safe care in accordance with the relevant regulations.

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The provider had infection control procedures which reflected published guidance. The provider had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The provider had procedures to reduce the possibility of Legionella or other bacteria developing in water systems, in line with a risk assessment. However, we saw the risk assessment stated that taps needed to be flushed weekly not fortnightly as the practice had been carrying out. We were told this would be changed immediately.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency staff. These reflected the relevant legislation.

Clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. However, we were not able to see a fixed wire safety certificate. The provider told us this would be organised immediately following the inspection.

A fire risk assessment had been arranged to be completed by an external company as the current risk assessment was not in line with the legal requirements. The management of fire safety in terms of equipment was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

Risks to patients

Improvements were required to ensure that systems to assess, monitor and manage risks to patient safety were implemented. For example, the provider had not carried out a sharps risk assessment to help them manage risks to staff and patients.

Emergency equipment and medicines were not available and checked as described in recognised guidance. In particular; the medical emergency logs were ineffective. We saw months where no action had been taken despite expired materials being identified. The practice had no paediatric face masks or defibrillator pads. These items were ordered on the day of the inspection.

Staff knew how to respond to a medical emergency and were due to complete in-house training in emergency resuscitation and basic life support.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health, but improvements were required to ensure that all necessary information pertaining to substances was made accessible to staff.

Information to deliver safe care and treatment

Are services safe?

We noted the dental care records we saw were not complete. Work was underway to ensure that audits of records were thorough and action plans documented and reviewed.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The providers systems for the appropriate and safe handling of medicines required improvement. Improvements were needed to the labelling of medicines as well as ensuring that durations for antibiotic use were as recommended in current guidance.

We found that local anaesthetics were not kept in their blister packs as per guidance.

Antimicrobial prescribing audits were not carried out.

The provider did not have an adequate stock control system of materials which were held on site. We found out of date materials although these were dealt with on the inspection day.

Track record on safety, and lessons learned and improvements

The provider had implemented some systems for reviewing and investigating when things went wrong although improvements were underway to ensure that actions were taken when an issue was identified.

The provider had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We found this practice was providing safe care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The practice systems for keeping dental professionals up to date with current evidence-based practice required improvement. In particular, not all dentists we spoke with had knowledge of guidelines pertaining to Sepsis, Delivering Better Oral Health or those set out by the National Institute for Health and Care Excellence.

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

There were inconsistencies in the information recorded within the dental care records we looked at. For example, we saw records without a medical history, a clinical justification for treatment or documented discussions of treatment. We brought this to the attention of the provider who explained that a new records audit would be completed, and actions documented and reviewed in a timely manner.

Staff conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation although we noted that improvements were required to ensure that any required actions were documented and reviewed.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff had a structured induction although this was not always documented; and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations.

We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

The provider demonstrated a transparent and open culture in relation to people's safety.

In some instances, there was a lack of governance oversight at the practice. In particular, where shortfalls were identified changes were not always made or made in a timely manner. Risk assessments were not always up to date or detailed enough to assist staff in their work. Audits did not always document required actions.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs at an annual appraisals/one to one meetings/ during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

Governance and management

Staff had responsibilities, roles and systems of accountability to support governance and management although improvements were underway to ensure that these were clear for all staff.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. However, improvements were required to ensure that these systems were effective, policies and protocols were personalised to the practice and procedures were reviewed to ensure that improvements were made where necessary.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff involved patients, staff and external partners to support the service.

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

Are services well-led?

However, improvements were required to ensure that staff kept records of the resulting action plans and improvements. The provider had not undertaken audits of disability access but completed this following the inspection.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 17 Good governance** Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • We did not see evidence of a fixed wire safety electrical certificate. • The fire risk assessment was not in line with legal requirements. • There was no sharps risk assessment. • Medical emergency logs were ineffective, logs were not accurate, and actions were not taken when logs identified out of date materials. • There were no paediatric face masks or defibrillator pads. • The medical emergency adrenalin had expired, and this was not listed on the log. • Dispensed medicines were not labelled correctly. • We saw prescriptions with durations of antibiotics which did not meet current guidelines. • We found out of date materials due to poor stock control and no log of stock was kept. • Local anaesthetics were not kept in blister packs.

This section is primarily information for the provider

Requirement notices

- We found several missing items on the patient care records we viewed, for example, no medical history, no clinical justification for treatment, minimal recording of information in several instances.
- Staff inductions were not documented.
- A disability access audit had not been undertaken.